### 2323 11/09/2009 4 08 PM

aan Fo

# Return of Organization Exempt From Income Tax

Forn	n 330	•	Under secti	on 501(c), 527,	or 4947(a)(1) of the	Internal Reve	enue Code (exc	ept black	lung	2008
Depa Inten	artment of the Tre nal Revenue Serv	easury vice	► The organ		benefit trust or pri e to use a copy of t			ting require	ements	Open to Public Inspection
A	For the 2008 cal	lendar ye	ar, or tax year begin	ning	, and e	nding				
В	Check if applicable		C Name of organization		ss County	-	Wool		D Employ	er Identification number
	Address change	use IRS	<del></del>	Grow	vers Assoc	iation,	Inc.			1000660
□ I	Name <b>,c</b> hange	pnnt or	Doing Business As				1 -			1800663
	ntual return	type. See	Number and street (or PO Box 4		delivered to street address)		Room/	suite	•	ne number -537-4487
$\Box$	Termination	Specific	City or town, state			· · · · · · · · · · · · · · · · · · ·			G Gross receip	166 060
Π,	Amended return	Instruc- tions.	Red Hook	•		12571-0	415		G Gloss lecely	15.5
Ħ	Application pending		and address of princip						H(a) Isthisa	group retum for
<u></u>	-pplication pending	Saı	ra L. Heal	y, Presi	ident				affiliates	
									H(b) Are all a included	? Yes No
	·	<u> </u>		<u> </u>		<del></del>			If "No," a	ittach a list (see instructions)
	Tax-exempt statu		501(c) ( <b>3</b> )	(insert no.)	4947(a)(1) or	527	· · · · · ·			
		VA			Other ►		L Year of fo			xemption number ►  State of legal domicile NY
*******	Type of organization  art I Su	IX com umman		Association	Other		i L Tear Di lo	rmauon		State or legal dornicile 141
			ne organization's m	ssion or most si	onificant activities:					
	. 5/10/19 00		.o organization o		9	•		•		• •
ä	•		_	•						
Ë		•			• •					
2009 Activities & Governance	2 Check th		_		ued its operations of	r disposed of n	nore than 25% o	f its asset		4.0
್ಷಕ		•	members of the go		·		-			10
		•	-	_	ming body (Part VI,	line 1b) .			5	0
			employees (Part V, rolunteers (estimate	•			•		6	<u> </u>
<b>⊕∢</b>					II, line 12, column (	(C)	•		7a	<del></del>
	_		iness taxable incor					• •	7b	0
品				·				Prior Yea		Current Year
			l grants (Part VIII, li	•		$\overline{}$	.	117	,093	164,908
<b>F</b>	9 Program	service r	revenue (Part VIII, I	ine 2g)	WED	- d .			127 437	154
<b>28</b>	10 Investme	ent incom	ie (Part VIII, columi art VIII, column (A)	1 (A), lines 3, 4	BOTOG AND 11e)	_/\&/··		1	,018	1,906
SCANNED	I Culci ici	vende (. i	ait viii, oolalliii (/ 1)	, mico ol oa, oo,	art VIII, column	. (91.			,675	166,968
টো	13 Grants a	nd simila	r amounts paid (Pa	irt IX. column (A	) lines/1-4)				<b>7</b>	
	1			1961	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UT			i l	
ø.	15 Salanes,	other co	mpensation, emplo	yee benefits (Pa	ant 1X column (A)	nes 5–10)		·- · -		
Expenses			raising fees (Part I)							
хbе		-	expenses (Part IX,		•			400		4.60 505
ш			Part IX, column (A)		•		.		,994	160,707 160,707
7	,		·	-	(, column (A), line 2	5)			,319	6,261
or	ia keveune	riess exp	enses Subtract lin	e to itotti iiile 1	<u> </u>			Beginning of		End of Year
Assets or Balances	20 Total ass	sets (Part	t X, line 16)							61,473
at As	21 Total liab	oilities (Pa	art X, line 26)	•						63
Z.			d balances Subtrac	ct line 21 from lir	ne 20				0	61,410
_ <u>P</u> :			e Block		<del></del>		<del></del>	<del></del> .		
	Und	der pe <del>naltı</del> d b <del>əlici,</del> it i	ies of perjury, I declare is true, correct, and co	that I have exami mplete_Declaration	ned this return, including of preparer (other that	ng accompanying an officer) is <b>b</b> ase	schedules and stand and on all information	atements, ar n of which p	nd to the best repare thas a	ot my knowledge iny kno <b>j</b> vledg <b>e</b>
Sig			15010	f. De	Ql Qes				$(\mathcal{Y})$	11/15/09
Hei		Signaturi	e of officer				<del></del>		Date	
			SARA L.H	ALY. b	10131Deart					
_		Type or I	pnnt name and title	11,						
	Pre	eparer's		2 / ML	<u> </u>		Date	Check if		Preparer's identifying number (see instructions)
Pai	a sigi	nature	1 Les	/ UT9	no h:		11/09/09	self- employe	ed ▶ ∐	P00020593
	eparer's Fire	m's name				CPAs			EIN	▶ 14-1698408
US		elf-employ		8 South	Rd Fl 1				Phone	

12601-5254

Poughkeepsie, NY

address, and ZIP + 4

no **845-485-5510** 

Part III Stat	ement of Progra	inty Sheep			14-180066 tructions)	<u> </u>		Page
	the organization's mi							
								•
•		•	•	•			•	
Did the organiz	ation undertake any si	ignificant program se	ervices dunr	ig the year which v	were not listed on			
the pnor Form 9							Yes	S N
	be these new services ation cease conductin		at changes i	n how it conducts	any program			
services?	ation cease conductin	ig, or make significat	it changes i	ir now it conducts,	, any program		Yes 2	ĪΝ
	be these changes on S	Schedule O.			•			_
	cempt purpose achieve							
	3) and 501(c)(4) organ					ount of grants and		
allocations to o	thers, the total expens	ses, and revenue, if a	any, for each	1 program service	reported			
a (Code	) (Expenses \$	116,269	including	g grants of \$		) (Revenue \$ .		
A/A			•				•	
	,			•			•	
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Code.	) (Expenses \$		ıncludin	g grants of \$		) (Revenue \$		
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•			•				<u> </u>	
: (Code.	) (Expenses \$		ıncludin	g grants of \$		) (Revenue \$		
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d. Other program	services (Describe in	) Schedule O.)					· · · · · · · · · · · · · · · · · · ·	
d Other program (Expenses \$	services (Describe in	n Schedule O.)	s of \$		) (Revenue \$	· · · · · · · · · · · · · · · · · · ·		

Ps	art IV Checklist of Required Schedules			
	deve Oriodanio. Or regarde Contractor		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4				
•	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ł		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, IX, or X as applicable	11	X	ļ
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	77	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	77
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	000		x
	Schedule J	23		<u> </u>
<b>24</b> a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	240		x
-	24b–24d and complete Schedule K. If "No," go to question 25.	24a		-
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		$\vdash$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 504(a)(2) and 504(a)(4) prominations. But the organization angular in an excess benefit transaction.	<u> 240</u>	<del>                                     </del>	<del>                                     </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		X
,	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25b		x
20	person from a prior year? If "Yes," complete Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		<del></del>
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		x
27	Did the expensation provide a grant or other assistance to an officer, director, trustee, key employee, Or			† <del></del>

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

**Checklist of Required Schedules (continued)** No Yes Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X **28**a Part IV b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a X professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301,7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 X organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Pa	ift V Statements Regarding Other IRS Fillings and Tax Compilance			
			Yes	No
1a				ĺ
	U.S Information Returns Enter -0- if not applicable	-		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			₹.
_	gaming (gambling) winnings to prize winners?	1c		X
<b>2</b> a_				ĺ
	Otation on the sciential year change war of walls alloyed solvered by and retain	┤ॣऻ		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	Instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more duning the year covered by	20		x
	this return?	3a		_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del> </del>
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			x
	account)?	4a		
b	If "Yes," enter the name of the foreign country:			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			į
	and Financial Accounts.		i	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			ĺ
	Regarding Prohibited Tax Shelter Transaction?	5c		X
6a	Did the organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	,		1
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	_		v
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed dunng the year	-		l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			v
_	benefit contract?	7e		X
f	Did the organization, duning the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			v
_	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			x
	organization, have excess business holdings at any time duning the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		v
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  11a	<b>-</b>		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them.)	ا ۱		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>

Form 990 (2008) Dutchess County Sheep & Wool 14-1800663

Part Vi Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management		1	
	F		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.  Enter the number of voting members of the governing body			
1a		-		
, b.	Enter the number of voting members that are independent  Defended to the standard formula and local are independent to the standard formula and th	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
•	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customanly performed by or under the direct	3		X
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5	x	<u></u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		x
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members	٣		<del></del>
7a		7a		x
	of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь	Did the organization contemporaneously document the meetings held or written actions undertaken during	1,0		
8				
_	the year by the following  The gave man hadron	8a	x	
a	The governing body?	8b	x	
b	Each committee with authority to act on behalf of the governing body?	9a		X
9a	Does the organization have local chapters, branches, or affiliates?	34		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9b		
40	affiliates, and branches to ensure their operations are consistent with those of the organization?	30		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		x
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
500	tion B. Policies		ليـــــا	<del></del>
Sec	tion B. Policies		Yes	No
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	nse to conflicts?	12b		i
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this is done	12c		i
49	Does the organization have a written whistleblower policy?	13		X
13	Does the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by	17		
15	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		i	ĺ
	The organization's CEO, Executive Director, or top management official?	15a		X
a	Other officers or key employees of the organization?	15b		X
b	Describe the process in Schedule O. (see instructions)	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate	100		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
500	tion C. Disclosure	1 100		
	List the states with which a copy of this Form 990 is required to be filed NY	_		
17	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		•	
18	available for public inspection. Indicate how you make these available. Check all that apply.			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Sara L. Healy  P.O. Box 415			
Ð.	Ame do File Add File	3-53	7-4	487
	ed Hook NY 125/1-0415 51	<u></u>		<del></del>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if the c	(B)	iisal	e all		C)	un ec	ω,	(D)	(E)	(F)
Name and Title	Average	Posi	tion (	chec	k all 1	that ap	ply)	Reportable	Reportable compensation	Estimated
realis did lide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sara L. Heal President	У							0	0	(
						Ш				
						$\bigsqcup$				

Part VII	Section A		usiee:	5, NE	()		yees	o, aı	nd Highest Compensated (D)	(E)		<del>-</del> )	
(A) Name an	d title	(B) Average hours per week	individual trustee or director	_			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amour othe compens from to organiz and rel organiza		
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			+-								<del></del>		
Total					<u> </u>			<b>&gt;</b>	- £400 000 in reportable	annonation from the			_
	tion > 0	viduals (including those	n 1a)	wno		ivea	mor	e un	an \$100,000 in reportable	compensation from the		Yes	T.
employe For any i	e on line 1a	i? If "Yes," complete Sch sted on line 1a, is the sur	edule n of re	J for	suc able	h ind com	lividu pens	ual satio	oyee, or highest compensation and other compensation	 ı from	3		
individua Did any	ıl . person liste	d on line 1a receive or a	crue	com	oens	atıor	n fror	n ar	s," complete Schedule J for		4	_	_
ction B. In	dependent	the organization? If "Ye Contractors								U	5	<u> </u>	<u> </u>
compen	e this table sation from	the organization.  (A)  Name and business address	pensa	eted	inder	enc ——	ent (	Cont	ractors that received more	(B) ption of services		(C) Compensa	_
		Name and business address	<del></del>						Descri	ption of services		ompensa	300
													_
Total nu	mber of inde	ependent contractors (in		tho	se ır	11) \	 ۱ ۱ ۸۲۵۰	ece	ived more than \$100,000 II	n			
		the organization				, `						o m <b>990</b>	_

Form 990 (2008) Dutchess County Sheep & Wool 14-1800663

Pa	rt VI	II Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ တ		Federated campaigns	1a				ievende	<del></del>	012,010,01014
uni	h	Membership dues	1b						
₽Ę	•	Fundraising events	1c	1	64,908				
울림	c C	Related organizations	1d		01,000				
양	·	=	1e						
ë ë	6	Government grants (contributions)	10						
풀림	ı	All other contributions, gifts, grants, and similar amounts not included above	1f						
풀히									
22	g	Noncash contributions included in lines 1	a-1f \$			164,908			
듥	<u> </u>	Total. Add lines 1a-1f			lp o. 4	104,500			
ğ					Busn. Code				
8	2a								
9	b								<del></del>
울	С								<del></del>
S	d								
Tam Tam	е								
Program Service Revenue   Contributions, gifts, grants	f	All other program service rev	enue		L				
۰	g	Total. Add lines 2a-2f							
	3	Investment income (including	g dıvıde	nds, intere	est, <b>a</b> nd				
		other similar amounts)			. ▶	154			154
	4	Income from investment of ta	ax-exen	npt bond p	roceeds 🕨				
	5	Royalties			<u></u>				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)		•					
		Gross amount from (i) Securit	ies	(11	) Other				
		sales of assets		<u> </u>					
	ь	Less cost or other		†		1			
	b								
		basis & sales exps		+		1			
		Gain or (loss)				1			
		Net gain or (loss)	4-				_		
•	Ва	Gross income from fundraising e	venis						
Ž		(not including \$							
Š		of contributions reported on line '		1					
ž		See Part IV, line 18	а			-			
Other Revenue		Less: direct expenses	b						
ō		Net income or (loss) from full		g events				- · · · -	<del></del>
	9a	Gross income from gaming activity	ties.						
		See Part IV, line 19	а	_					
		Less direct expenses	b						
	С	Net income or (loss) from ga	ımıng a	ctivities	<u> </u>				
	10a	Gross sales of inventory, les	s						
		returns and allowances	а	·					
	b	Less cost of goods sold	b	L		]			
	c	Net income or (loss) from sa	les of I	ventory	<u>.</u> •				·
		Miscellaneous Rever			Busn. Code		·		· 
	11a	Directory Ads				1,310			1,310
	ь	Auctions	• •	• •		596			596
	c		•	•••					
	d	All other revenue .		•					
		Total. Add lines 11a-11d			<b>•</b>	1,906			
	12	Total Revenue. Add lines 1	 1. 2a 3	. 4, 5, 6d	-			***************************************	
	-	9c, 10c, and 11e	, _5, 5	, .,,	. •	166,968	o	o	2,060
_		,,	<u>-</u>		<u> </u>				

#### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
ations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations music				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 Benefits paid to or for members		· · · ·		······································
4 5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				· <u>-</u> · · · · · · · · · · · · · · · · · · ·
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal				
C	Accounting	<del></del>			
d	Lobbying				<del></del>
e	Professional fundraising services See Part IV, line 17				·
f	Investment management fees	118,508	116,269	2,239	
g 12	Other Advertising and promotion	630	110,209	630	
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				
16	Occupancy	41,569	<u> </u>	41,569	
17	Travel .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del></del>
23	Insurance				
24	Other company Hemita company				
24	Other expenses. Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	-			
а					
b					
c					<del> </del>
d					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	160,707	116,269	44,438	
26	Joint Costs. Check here ▶ if following		<u> </u>		
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	<u> </u>	l		

<u> P</u>	art 7	Balance Sheet		<del>, , , , , , , , , , , , , , , , , , , </del>	
			(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash—non-interest bearing	Dogg c. you.	1	5,800
	2	Savings and temporary cash investments	<del></del>	2	30,496
	3	Pledges and grants receivable, net	···-	3	20, 200
	٦			4	19,500
	-	Accounts receivable, net		+ - +	13,300
	5	Receivables from current and former officers, directors, trustees, key		5	
		employees, or other related parties. Complete Part II of Schedule L		-	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		6	
40	۱ ـ	Part II of Schedule L		7	
ets	7	Notes and loans receivable, net		8	5,478
Assets	8	Inventories for sale or use		9	3,470
4	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost basis	4		
	b	Less: accumulated depreciation. Complete		1	
		Part VI of Schedule D	\	10c	<del></del>
	11	Investments—publicly traded secunities		11	<del></del>
	12	Investments—other secunties. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	<del> </del>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	199
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	61,473
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key			
ā		employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	63
	26	Total liabilities. Add lines 17 through 25		26	63
5	<u>-</u> -	Organizations that follow SFAS 117, check here ► X and			
Sec		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	61,410
Balar	28	Temporanly restricted net assets		28	
9	29	Permanently restricted net assets		29	
Fund	23	Organizations that do not follow SFAS 117, check here ▶		1=1	
Ш	1	and complete lines 30 through 34.			
ō	20	Capital stock or trust pnncipal, or current funds	İ	30	
Assets	30	·		31	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
	32	Retained earnings, endowment, accumulated income, or other funds			61,410
Net	33	Total net assets or fund balances		33	61,473
	34	Total liabilities and net assets/fund balances		1 34	01,473
	art )	financial Statements and Reporting	·		Yes No
		tion modified and to process the Form 200: 🔽 Cook 🔲 Approxi	Other		ies ito
1					2a X
2		ere the organization's financial statements compiled or reviewed by an independent account		•	
		ere the organization's financial statements audited by an independent accountant?	h. fan arramanah 1 - f		2b X
		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility			
		e audit, review, or compilation of its financial statements and selection of an independent	•		2c
3		a result of a federal award, was the organization required to undergo an audit or audits as	s set forth in		
		e Single Audit Act and OMB Circular A-133?	-		3a
	b If	Yes," did the organization undergo the required audit or audits?	<del></del>	<u> </u>	3b

SCHEDULE A. (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Dutchess County Sheep & Wool

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization.)

Growers Association, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

**Employer identification number** 14-1800663

2				(A)(ii). (Attach Schedule E.)									
3	Ш			ice organization described in se									
4	Ш	A medical res		ed in conjunction with a hospital	described	ın sectio	n 170(b)	)(1)(A)(ii	ii). Ente	r the ho	ospital's name,		
5	П	•		of a college or university owned	I or operate	ed by a go	ovemme	ntal uni	t descni	bed in	•		
	_		b)(1)(A)(iv). (Complete Par			, ,							
6	П	•	** ** ** ** *	governmental unit described in s	section 17	0(b)(1)(A	)(v).						
7	П	An organizati	on that normally receives a	substantial part of its support fi	rom a gove	emmental	unit or t	rom the	genera	l public	:		
	_	•	section 170(b)(1)(A)(vi). (0										
8	$\Box$			170(b)(1)(A)(vi). (Complete Par	t II.)								
9	П	An organizati	ion that normally receives:	(1) more than 33 1/3 % of its su	pport from	contributi	ions, me	mbersh	ıp fees,	and gro	oss		
	_			mpt functions—subject to certai									
				and unrelated business taxable i									
			=	30, 1975. See section <b>509(</b> a)( <b>2</b> )									
10	П		-	exclusively to test for public sa				(see ins	struction	ns)			
11	П	•	•	exclusively for the benefit of, to									
		purposes of c	one or more publicly suppor	ted organizations described in s	section 509	(a)(1) or	section	509(a)(2	) See	section	1		
		509(a)(3). Ch	eck the box that describes	the type of supporting organization	tion and co	mplete lır	nes 11e	through	11h				
		а П Туре	t b ∏ Type II	c Type III–Function	nally Integr	ated	d	Тур	e III–Ot	her			
е	П	By checking t	this box, I certify that the or	ganization is not controlled direc	ctly or indir	ectly by c	ne or m	ore disq	ualified				
	_			s and other than one or more pu						section	າ		
		-	section 509(a)(2)										
f		If the organiz	ation received a written def	ermination from the IRS that it i	s a Type I,	Type II,	or Type	III suppo	orting				
			check this box										
g		Since August	t 17, 2006, has the organiz	ation accepted any gift or contri	bution from	any of th	ne .		•		•		
Ŭ		following per	_								_		
		• .		controls, either alone or together	with perso	ns descr	ibed in (	II)				Yes	No
				of the supported organization?							11g(i)		
			member of a person descr		•	•					11g(iı)		
			•	described in (i) or (ii) above?	•	•	•			•	11g(iii)		
h			• •	the organizations the organization	on support	ts					•		
	Nam	e of supported	(ii) EIN	(iii) Type of organization	1	rganization	(v) Did v	rou notify	(vi)	s the	(vii) Amo	unt of	
(1)		janization	(11) 2.111	(described on lines 1–9	1 ' '	sted in your		nization in	organizat		supp		
			i	above or IRC section	governing	document?	''	of your	(i) organı				
				(see instructions))	Yes	No	Yes	nort?	Yes	No			
			<u> </u>		103			- 110	1.00		<u> </u>		
					<del>                                     </del>		<u> </u>					_	
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Tota						ŧ	1	t	1		<u> </u>		
E ~ - "	Drivo	cy Act and Par	perwork Reduction Act Notic	e, see the instructions for Form 9	39O.				Sc	nedule /	A (Form 990 or	990-೬∠	.) ∠UU8

_	6	_			

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total (a) 2004 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006(d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

0	_	_	_	2
_	и	11	-	-3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

<u> </u>	(Complete only if you che	ecked the box	on line 9 of Pa	art i.)			
	tion A. Public Support	( ) 0001	4 > 0005	1 (-) 0000	(4) 0007	(=) 2000	/D Total
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b</b> ) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 .	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5					ļ ļ	<del></del>
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
_	Add lines 7a and 7b				<del></del>		
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		1			1	
Cal	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6					<b>.</b>	···.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					:	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				<u> </u>	ļ	
	and 12 )				<u> </u>		
14	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop here	<b>8</b>				,	▶
Sec	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2008 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2007 Sch	edule A, Part IV-A	, line 27g			16	_ %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2008 (I			3, column (f))		17	%
18	Investment income percentage from 2007			(,, .		18	%
19a	33 1/3 % support tests—2008. If the orga			 ne 14, and line 15 is	s more than 33 1/3		
	17 is not more than 33 1/3 %, check this b						▶ □
ь	33 1/3 % support tests—2007. If the orga	-					
_	line 18 is not more than 33 1/3 %, check to						▶ [
20	British foundation If the organization dis	-	-				▶ □

					Sheep & 1 art to provide th		14-18(		Page 4
	Part II, line	e 17a or 17	b; or Part	III, line 12. Pr	ovide any othe	r additional in	formation. (see	e instructions)	
,					•	·	• • •	·	
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SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

Department of the Treasury answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service Inspection Employer Identification number Name of the organization Dutchess County Sheep & Wool Growers Association, Inc. 14-1800663 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part 1 the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (dunng year) Aggregate grants from (dunng year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year **2**a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified histoni structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ | Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

<u>Sche</u>		County Sneep			500663	Page 2					
Pa	ut III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Ass	ets (continued)					
3	Using the organization's accession and other items (check all that apply)	records, check any of the	following that are a	significant use of its	collection						
а	Public exhibition	d Loan o	r exchange progran	ns							
b	Scholarly research	e Other	0, 0								
C											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in										
5	Part XIV.  Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No										
D-	······································				rod "Vos" to						
F					eu res to	r 01111 990,					
_	Part IV, line 9, or reported										
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	contributions or oth	ner assets not		$\Box$ $\Box$ $\Box$ $\Box$ $\Box$					
	included on Form 990, Part X?				•	☐ Yes ☐ No					
b	If "Yes," explain the arrangement in Part XIV	and complete the following	table.			A					
						Amount					
С	Beginning balance		•		. 1c						
d	Additions dunng the year				. 1d						
е	Distributions during the year				1e	<del></del>					
f	Ending balance				. <u>  1f   _</u>	- <del></del>					
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Yes No					
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Comp	lete if organization ar	nswered "Yes" t	to Form 990, Pa							
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years	back (e) Four years back					
<b>1</b> a	Beginning of year balance										
b	Contributions .										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held as:			_						
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
С	Term endowment ▶ %										
3a	Are there endowment funds not in the posses	ssion of the organization th	at are held and adm	ninistered for the							
	organization by:	-				Yes No					
	(i) unrelated organizations					3a(i)					
	(ii) related organizations	•	•	•		3a(ii)					
b	If "Yes" to 3a(II), are the related organizations	s listed as required on Scho	edule R?			3b					
4	Describe in Part XIV the intended uses of the	organization's endowmen	t funds								
Pa	art VI Investments—Land, Build			0, Part X, line 1	0.	<del></del>					
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book value					
		(investment)	basis (other	)							
1a	Land	<u> </u>		<u> </u>							
	Buildings					-					
	Leasehold improvements		<del> </del>								
	Equipment		<u> </u>	<del></del>							
	Other			<del></del>		··					
	L Add lines 1a-1e (Column (d) should equal f	orm 990 Part X column (	B) line 10/c) )								

Schedule D (Form.990) 2008 Dutchess County Sheep	& Wool	14-1800663	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		_
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	lue 
Financial denvatives and other financial products .			
Closely-held equity interests .			·-·
Other			
			<del></del>
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market va	lue
	"-"-		
Total. (Column (b) should equal Form 990, Part X. col. (B) line 13.)	·		<del>~~~~</del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) F	Book value
(a) Description	· · · <del>- · ·</del>	(5) 2	JOOK VAIGO
· · · · · · · · · · · · · · · · · · ·	<del></del>		<del> </del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)	\ <u></u>	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	<del></del>		
(a) Description of liability	(b) Amount		
Federal income taxes			
Sales Tax	63		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	63		
In Part XIV, provide the text of the footnote to the organization's financial str		ganızatıon's liability for	
uncertain tax positions under FIN 48	<u> </u>		

Sched	dule D (Form.990) 2008 Dutchess County Sheep & Wool 14-180066	3		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		<del></del>
6	Investment expenses	_6_		
7	Prior penod adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9		
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		<del></del> _
Pa	tt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
	Total revenue, gains, and other support per audited financial statements	1	<u> </u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments 2a	ļ		
b	Donated services and use of facilities			
	Recovenes of pnor year grants	ł		
	Other (Describe in Part XIV)	{ _		
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	<u> </u>	<del></del>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	1	İ	
	Other (Describe in Part XIV)	١.		
	Add lines 4a and 4b	4c	<del></del>	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	<u> </u>	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per I	1		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a	†		
b	Pnor year adjustments  2b  cosses reported on Form 990. Part IX, line 25  2c	┨ .		
	255555 (595)(50 5)(7 5)(7 5)(7 5)	†		
đ	Cities (Describe III dit XIIV)	30		
_	Add lines 2a through 2d	2e 3		
3	Subtract line 2e from line 1	<u> </u>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		ļ	
	Investment expenses not included on Form 990, Part VIII, line 7b	1	1	
	Other (Describe in Part XIV)	4c		
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	<u> </u>	
	At XIV Supplemental Information			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b			
	b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
311G Z	D, I dit V, line 4, I dit X, I dit XII, line of I dit XII, lines as discussion as a single			
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Schedule D (Fo	om-990) 2	800	Du	tch	ess	C	our	ıty	Sh	eer	2 8	W	<u> </u>				14	<u>4-1</u>	800	)66	3					<u> </u>	age <b>5</b>
Schedule D (Fo	Supple	men	tal Ir	nform	natio	n (c	ontin	ued)																			
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				_		-	_			_	_		_	_	_			_		- –	_	_	_	_			

SCHEDULE G. (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Dutchess County Sheep & Wool

Growers Association, Inc.

**Employer identification number** 

14-1800663 Fundraising Activities, Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fund-(v) Amount paid to (vI) Amount paid to (ii) Activity (IV) Gross receipts (I) Name of individual raiser have (or retained by) (or retained by) from activity or entity (fundraiser) custody or fundraiser listed in organization control of contributions? col (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

P	art i			omplete if the org Form 990- <u>EZ, lin</u> e									porte	ea
		more than \$10	990Pt	(a) Event #1 EVIIIC event type)		(b) Eve	ent #2	None	Other Events		(d)	Total (a col (a	) throu	gh
Revenue	1	Gross receipts		164,908		(event	, ype)		otal numbery				5 <b>4</b> , !	908
۳ )	2	Less Charitable contributions Gross revenue (line 1		164,908								_	54,	
		minus line 2)		<del></del>	<u>.                                    </u>			<u>                                     </u>						<del></del> ·
es	<b>4</b> 5	Cash prizes				· · · · · · · · · · · · · · · · · · ·								
Direct Expenses	6	Rent/facility costs												
Direct	7	Other direct expenses												
	8	Direct expense summary  Net income summary. Co	ombine lines	3 and 8 in column (d	1)	1687 11		5 10		<b>&gt;</b>		<del></del>	·	
P	art I			e organization ar 990-EZ, line 6a.	ıswe	red "Yes"	to Form 990	, Part IV	, line 19,	or repo	ortea	more	<b>;</b>	
Revenue		man \$10,000 C		(a) Bingo		(b) Pull tab bingo/progre		(c)	Other gaming			tal gam		
Rev	1	Gross revenue												
ses	2	Cash pnzes	·		-									
Direct Expenses	3	Non-cash pnzes		-				,						
Direc	4	Rent/facility costs											· · ·	
	5	Other direct expenses		<u> </u>	<del>                                     </del>	_		<del> </del>			<del>.,,</del>			
	6	Volunteer labor	Yes No	. %		Yes No	<b>%</b>	Yes No	· .	%				
	7	Direct expense summary	/. Add lines 2	2 through 5 in column	(d)	-				<b>•</b>		<del></del>		
	8	Net gaming income sum	mary Comb	ine lines 1 and 7 in co	olumn	(d)				<b>•</b>			1	
9 a b	ls t	ter the state(s) in which th the organization licensed t No," Explain:										9a	Yes	No
	•							•						
10a b		ere any of the organization Yes," Explain:	i's gaming lid	censes revoked, susp	ende	d or terminate	ed dunng the tax	year?	•••			10a		
11	Do		te gaming a	tivities with nonmem	 bers?			•				11		
12	ls t	the organization a grantor, med to administer chantal	, beneficiary	or trustee of a trust o		ember of a pa	rtnership or oth	er entity	•	•		12		
									Schedu	ıle G (Fo	rm 990	or 99	0-EZ)	2008

Sche	edule G (Form 990 or 990-EZ) 2008 Du	itchess	County	Sheep	& Wool	<u> 14-1800</u>	)663	Pa	age <b>3</b>
					·			Yes	No
13	Indicate the percentage of gaming activity or	perated in:							
а	The organization's facility					13a	%		
b	An outside facility					13b	%		
14	Provide the name and address of the person	who prepares	s the organizati	on's gamıng	special events books				
	and records <sup>.</sup>								
	Name ▶								
	Address ▶								
15a	Does the organization have a contract with a	third party fro	m whom the o	rganization r	eceives gaming				
	revenue?	•					15a		
b	If "Yes," enter the amount of gaming revenue			n ▶ \$		and the			
	amount of gaming revenue retained by the tr	hird party ►	\$ .	-	. •				
C	If "Yes," enter name and address								
	Name ▶ .								
	Address ▶ .								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶				-				
	Director/officer Employee	e [	Independen	t contractor			**		
17	Mandatory distributions								
а	Is the organization required under state law	to make chant	able distributio	ns from the	gaming proceeds to				
	retain the state gaming license?						17a		
b	Enter the amount of distributions required ur	nder state law	distnbuted to o	ther exempt	organizations or spent	· ·			
	in the erganization's own exempt activities d				•			1	

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Dutchess County Sheep & Wool Employer identification number Name of the organization 14-1800663 Growers Association, Form 990, Part VI, Line 5 - Material Diversion of Assets Prior Treasurer of organization is charged with taking significant amount of cash. He appears to have also destroyed all records in his possession. The case is currently being investigated by the New York State Police.

Form 8868 (Re	ev. 4-2009)	Pag	ge 2
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		X
Note. Only co	nplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868	3.	
<ul><li>If you are</li></ul>	iling for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies needed).	
Type or		mployer identification number	
print .	Dutchess County Sheep & Wool Grower		
File by the	Association, Inc.	4-1800663	
extended	, ,	or IRS use only	
due date for filing the	PO Box 415		
retum See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions	Red Hook NY 12571-0415		
	return to be filed (File a separate application for each return).		
X Form 99	0 Form 990-PF Form 1041-A	Form 6069	
Form 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	☐ Form 8870	
Form 99	0-EZ Form 990-T (trust other than above) Form 5227		
STOP! Do no	complete Part II if you were not already granted an automatic 3-month extension on a previously filed F	Form 8868.	
<ul><li>The books</li></ul>	are in the care of		
Telephone	No ▶		_
<ul><li>If the orga</li></ul>	nization does not have an office or place of business in the United States, check this box		$\sqcup$
• If this is fo	r a Group Retum, enter the organization's four digit Group Exemption Number (GEN)	3	
for the whole o	roup, check this box	attach a	
list with the na	mes and EINs of all members the extension is for.		
4 I reques	t an additional 3-month extension of time until 11/16/09.		
5 For cale	ndar year 2008, or other tax year beginning, and ending,		
6 If this ta	k year is for less than 12 months, check reason: 🔲 Initial retum 🔲 Final return 🔲 Change in ac	ccounting period	
7 State in	detail why you need the extension		
Addi	tional time is requested to gather information to pre	epare a complete	
and	accurate return.		
••			
8a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
less any	nonrefundable credits See instructions.	8a \$	
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	d tax payments made. Include any prior year overpayment allowed as a credit and any		
	paid previously with Form 8868	8b \$	
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$	
	Signature and Verification		
Under penalties	of религу, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kno	owledge and belief,	
it is true, correct	and complete, and that I am authonzed to prepare this form	-	
Signature	Title 🕨	Date > 8/12/	09

Form **8868** (Rev 4-2009)